

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90002 037 \*\*\*\*61.25

**DOCUMENT # N98000002610**

1. Entity Name

**THE EVA J. DIXON EDUCATIONAL FUND, INC.**

Principal Place of Business

**539 JOHNS PASS AVE  
 MADEIRA BEACH FL 33708-2368**

Mailing Address

**539 JOHNS PASS AVE  
 MADEIRA BEACH FL 33708-2368**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3513473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, ETHEL  
 1100 PONCE DE LEON BLVD 4048  
 CLEARWATER FL 33756**

*Barbara M. Ahigian*  
**539 Johns Pass Ave,  
 Madeira Beach, FL 33708**

7. Name and Address of New Registered Agent

*Barbara M. Ahigian*  
 Name **Barbara M. Ahigian**  
 Street Address (P.O. Box Number is Not Acceptable)  
**539 Johns Pass Ave,  
 Madeira Beach, FL**  
 City **Madeira Beach** FL Zip Code **33708**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Barbara M. Ahigian*  
 Signature, typed or printed name of registered agent and title if applicable.

*Secy/Treas Barbara M. Ahigian 8/7/01*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **AHIGIAN, BARBARA M**  
 STREET ADDRESS **539 JOHNS PASS AVE**  
 CITY-ST-ZIP **MADEIRA BEACH FL 33708-2368**

TITLE **D** ☐ Delete  
 NAME **KEATOR, ALICE**  
 STREET ADDRESS **6650 SUNSET WAY #215**  
 CITY-ST-ZIP **ST PETERSBURG FL 33706**

TITLE **D** ☐ Delete  
 NAME **RAYSOR, VIRGINIA**  
 STREET ADDRESS **6920 FIFTH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☒ Delete  
 NAME **SCOTT, ETHEL H**  
 STREET ADDRESS **1100 PONCE DE LEON BLVD 4045**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **D** ☐ Delete  
 NAME **THORN, IDA M**  
 STREET ADDRESS **17030 FIRST AVE N NO.**  
 CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE ☐ Delete  
 NAME *Harold Rejmer, Director*  
 STREET ADDRESS *553 Claire Lane (Rymer)*  
 CITY-ST-ZIP *Orange Park, FL 32073*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara M. Ahigian* Secretary/Treas 8-7-01 727-392-3263

CR2E037 (5/01)